

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election



Name of Candidate W. T. "TED" MAYHALL, JR.  
 Address 8417 CEDARBRUSH DRIVE SOUTHAVEN, MS 38671  
662 393-2067 HOME  
 Telephone 901 734-9540 CELL Fax \_\_\_\_\_  
 Contact Name TED MAYHALL Email \_\_\_\_\_  
MS HOUSE OF REPRESENTATIVES  
 Office Sought DISTRICT 40 Political Party REPUBLICAN

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and  
 Political Committees  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 650. <sup>00</sup> +\$ -0-	\$ 650. <sup>00</sup>	\$
Total amount of disbursements	\$ -0-+\$ 525. <sup>00</sup>	\$ 525. <sup>00</sup>	\$
Total amount of cash on hand		\$ 4,001. <sup>57</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

W. T. "Ted" Mayhall, Jr.  
Signature of Candidate

Jan. 26, 2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee W.T. "TED" MAYHALL, JR.Reporting period JANUARY 1, 2010 through DECEMBER 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KOCH COMPANIES PUBLIC SECUR, LLC (GEORGIA PACIFIC)</u>		<u>12/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>450 LAUREL STREET, SUITE 1420</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>BATON ROUGE, LOUISIANA 70801</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>GEORGE GILDRY, JR.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>REGIONAL MANAGER STATE GOVERNMENT AFFAIRS</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T MISSISSIPPI POLITICAL ACTION COMMITTEE</u>		<u>11/1/10</u>	\$ <u>200.00</u>
Mailing Address <u>175 EAST CAPITAL STREET, SUITE 702</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>JACKSON MS 39201-2135</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>RANDY RUSSELL</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>FOR AT&amp;T MS PAC DISBURSAL COMM.</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI AGENTS &amp; EMPLOYEE PAC</u>		<u>11/19/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 39</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>OLIVE BRANCH, MS 38654</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>GARNETT WEST, JR.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>STATE FARM AGENT</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee W.T. "TED" MAYHALL, JR.Reporting period JANUARY 1, 2010 through DECEMBER 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$